



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E416318**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	15-00909	
LOCAL AGENCY CODING		
TOTAL # OF UNITS	02	OBJECT STRUCK

TRIBAL RESERVATION	
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M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION 04 - 07 - 2015	2338	31		0664
		N S	E W	IN OF <input checked="" type="checkbox"/>

ON (PRIMARY TRAFFIC WAY) INTERSECTION <input checked="" type="checkbox"/> NON-INTERSECTION <input type="checkbox"/>	BLOCK NO.	
N MACHIAS RD	MILE POST	

DISTANCE	MILES	OF (REFERENCE OR CROSS STREET)
		28TH ST NE

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/> PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 3605401177
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LAST NAME	FAJARDO-FARIAS	FIRST NAME	GALDINO	MIDDLE INITIAL	A
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STREET NEW ADDRESS	6605 61ST ST NE
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CITY	MARYSVILLE	ST	WA	ZIP	982709000
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	FAJARGA02400	STATE	WA	SEX	M	D.O.B. MMDDYYYY	09 - 20 - 1998
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG 2	RESTR. 4	EJECT 1	HELMET USE	INJURY CLASS 7	NATURE OF INJURIES HEADACHE
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LICENSE PLATE #	ATC1413	STATE	WA	VIN#	JHMCA5641KC061696
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	1989	MAKE	HOND	MODEL	ACCOR	STYLE	P4	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY # 21ST CENTURY PREMIER 21777479
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/> PEDAL-CYCLE <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4253434348
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LAST NAME	VANVOLKENBURG	FIRST NAME	STEVEN	MIDDLE INITIAL	E
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STREET NEW ADDRESS	3519 161ST AVE NE
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CITY	SNOHOMISH	ST	WA	ZIP	98290
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	D3571277	STATE	CA	SEX	M	D.O.B. MMDDYYYY	05 - 31 - 1951
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG 2	RESTR. 4	EJECT 1	HELMET USE	INJURY CLASS 7	NATURE OF INJURIES CHEST PAIN FROM SEATBELT
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LICENSE PLATE #	AFZ8587	STATE	WA	VIN#	2D4FV48V55H593279
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2005	MAKE	DODG	MODEL	MAGNUM	STYLE	SW	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	STEVEN VANVOLKENBURG 3519 161ST AVE NE SNOHOMISH WA 98290 D: 4253434348
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY # HARTFORD INSURANCE T2PH838441-254831
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	J. KILROY #0132	BADGE OR ID #	#0132	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E416318**

CASE # **15-00909**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES

NARRATIVE

Unit 1 was traveling eastbound on 28th St NE making a left turn onto N Machias RD. Unit 2 was traveling southbound on N Machias RD approaching 28th St NE. There are only stop signs controlling east and west traffic on 28th St NE at the intersection with N Machias RD. Unit 1 went through the stop sign and made a left turn onto N Machias RD. While Unit 1 was making the left turn, Unit 2 hit Unit 1.

Driver of Unit 1 and Unit 2 did not need medical attention at this time. Tow was not needed.

Driver of Unit 1 is at fault due to driving with his headlamps off, disregarding the stop sign and not giving the right of way to Unit 2.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

J. KILROY #0132

04-08-15 03:05 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

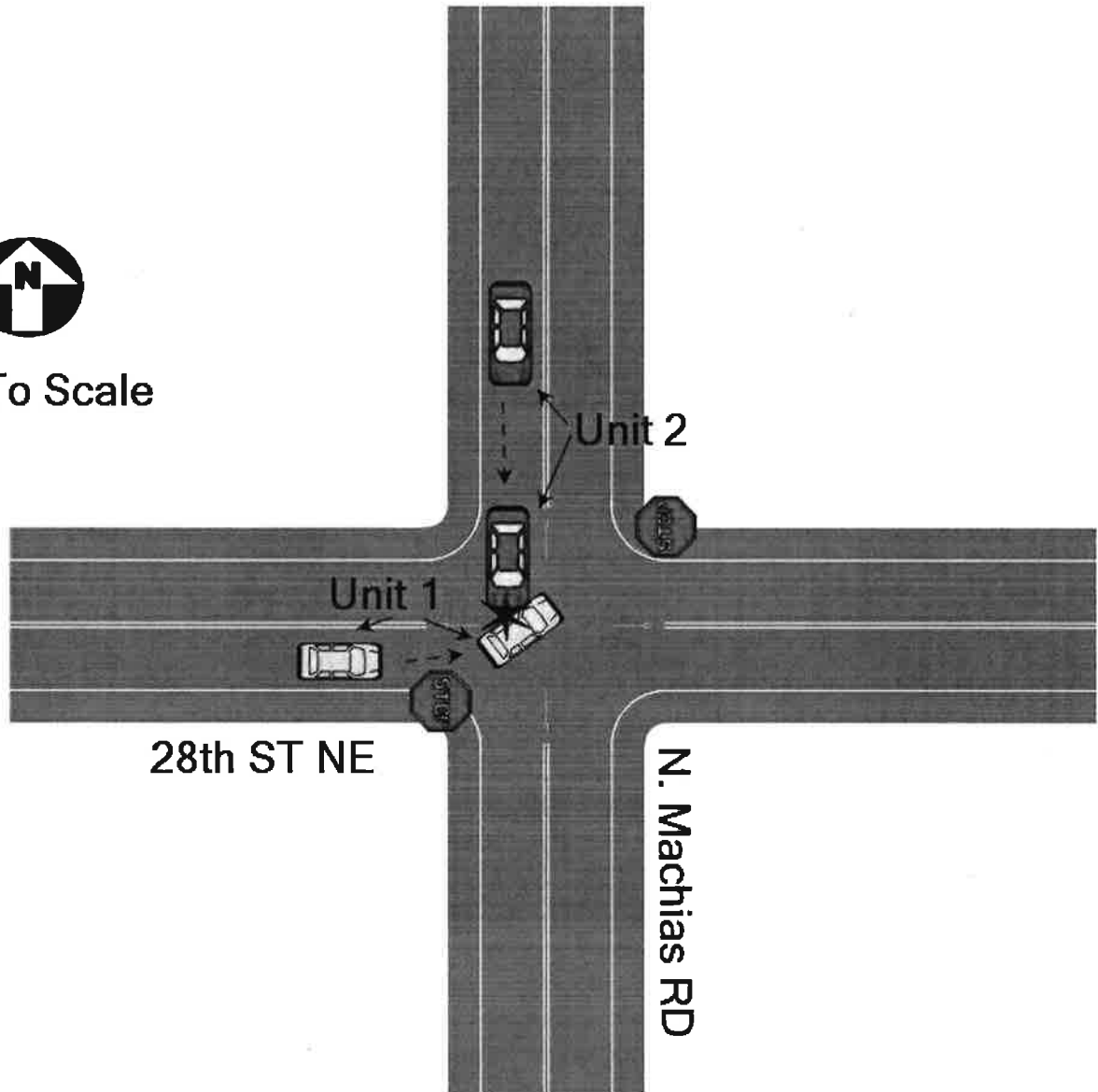
APPROVED BY

DATE

SGT. C. VALVICK 71

4/15/2015 9:41:53 AM

BADGE OR ID #	#0132	ORI #	WA0311900	TIME POLICE DISPATCHED	11:38 PM	TIME POLICE ARRIVED	11:42 PM
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LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

15-00909

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Hendrickson, Steve	RACE Ca	ETH	SEX M	DOB 5/31/51	AGE 63	HGT	WGT	HAIR	EYES
STREET ADDRESS 3519 161st AVE NE		CITY Spokane		STATE WA		ZIP 98298		RES. STATUS		
HOME PHONE 425 343-4348		CELL PHONE		PLACE OF EMPLOYMENT Self Employed						
WORK PHONE SAM		EMAIL ADDRESS								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY : (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was traveling south on N. Mackinac Rd at 35 mph. 2 cars came thru the intersection traveling EAST on La Conner Rd. They turned left on North Mackinac Rd. as I entered the intersection a green Honda ran the stop sign with no headlights on and I hit him broadside.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: [Signature]	DATE SIGNED 4/7/15	LOCATION SIGNED La Conner, Spoke
OFFICER/NUMBER: SKILROY 1132	DATE SIGNED 4/8/15	LOCATION SIGNED LKS

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

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LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 15-00909

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Galdino Fajardo	RACE	ETH	SEX M	DOB 9/20/98	AGE	HGT	WGT	HAIR	EYES
STREET ADDRESS 6605 6th NE		CITY Marysville		STATE WA		ZIP 98270		RES. STATUS		
HOME PHONE		CELL PHONE 360 640 1177		PLACE OF EMPLOYMENT						
WORK PHONE		EMAIL ADDRESS								

I, Galdino Fajardo, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was driving. I was stopped at the ggs station I pulled out to leave. And I can't remember much but I got hit from the side and thats all that happened. and I just didnt see him. I don't much else.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Galdino Fajardo</u>	DATE SIGNED: <u>8-7-15</u>	LOCATION SIGNED: <u>Lake Cannon Store</u>
OFFICER/NUMBER: <u>SKILROY 132</u>	DATE SIGNED: <u>4/8/15</u>	LOCATION SIGNED: <u>LKS</u>

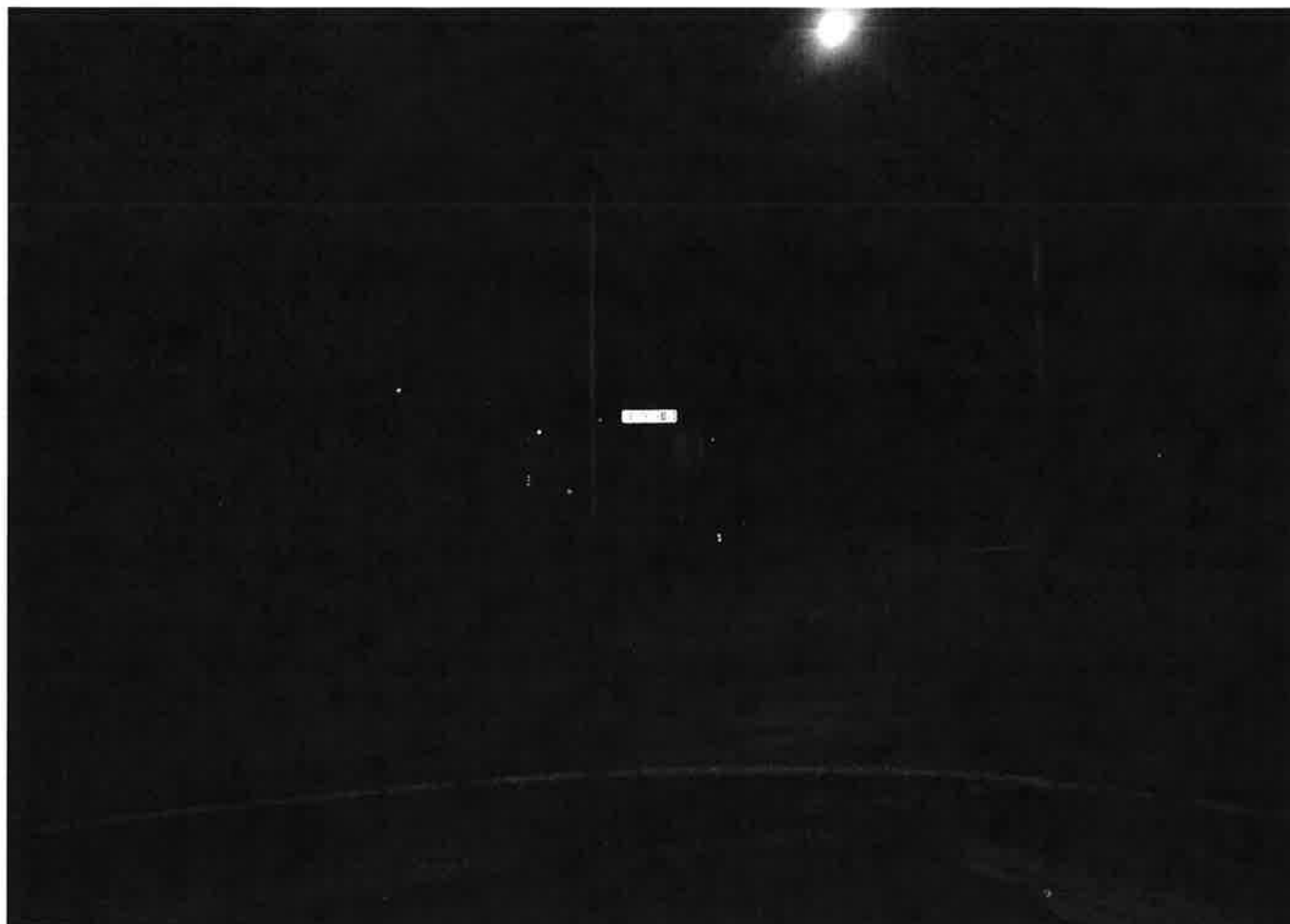
"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

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LAKE STEVENS POLICE EVIDENCE UNIT				Primary Officer/Badge Number <i>SKILROY / 132</i>				Case Number <i>15-00909</i>			
Type of Crime: Felony / Misdemeanor (Circle)				Type of Case: <i>Collision</i>				Date/Time: <i>4/7/15</i>			
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING				*Evi will be held until court dispo or when the Statute of Limitations has expired *Found and Sfk will be held for 60 days or 60 days past owner notification							

Case # 15-00909

Item # <i>JK1</i>	Item <i>CD w Digital Photos</i>				Brand Name		Storage Location	Disposition
	Brand/Model/Caliber (Further Description)							
	Serial #		Where Found		Weight of Narcotic			
Action # <i>3</i>								
	Owner's Name Address City State Zip Phone #						Barcode goes here	
	Owner Signature/Other remarks /additional information/ special instructions							
Item #	Item				Brand Name		Storage Location	Disposition
	Brand/Model/Caliber (Further Description)							
	Serial #		Where Found		Weight of Narcotic			
Action #								
	Owner's Name Address City State Zip Phone #						Barcode goes here	
	Owner Signature/Other remarks /additional information/ special instructions							
Item #	Item				Brand Name		Storage Location	Disposition
	Brand/Model/Caliber (Further Description)							
	Serial #		Where Found		Weight of Narcotic			
Action #								
	Owner's Name Address City State Zip Phone #						Barcode goes here	
	Owner Signature/Other remarks /additional information/ special instructions							
Item #	Item				Brand Name		Storage Location	Disposition
	Brand/Model/Caliber (Further Description)							
	Serial #		Where Found		Weight of Narcotic			
Action #								
	Owner's Name Address City State Zip Phone #						Barcode goes here	
	Owner Signature/Other remarks /additional information/ special instructions							
Item #	Item				Brand Name		Storage Location	Disposition
	Brand/Model/Caliber (Further Description)							
	Serial #		Where Found		Weight of Narcotic			
Action #								
	Owner's Name Address City State Zip Phone #						Barcode goes here	
	Owner Signature/Other remarks /additional information/ special instructions							

Evidence Control Use Only:			
Received by Evidence:	NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:
		ROUTING: _____	
		White: Property Room	
		Yellow: Case File	

Entered	04/07/15	23:38:36	BY SPCT04	SP0375
Dispatched	04/07/15	23:38:49	BY SPDP17	SP0120
Enroute	04/07/15	23:39:03		
Onscene	04/07/15	23:42:36		
Closed	04/08/15	00:24:21		

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS001 Fire BLK: AG1621 Map Page: 378A-5 Group: SS1 Beat: NORT

Src: T

Loc: 2730 N MACHIAS RD , LKS -- LAKE CONNER STORE , LKS btwn 20 ST NE & 28 ST NE

(V)

Loc Info: IF0

Name: VANVOLKENBURG, STEVE

Addr: DRIVER OF DODGE

Phone: 4253434348

/2338 (SP0375) ENTRY , CC, NOW, NON INJ, BLKING, BURG DODGE MAGNUM V B
LU/GRN HONDA PC

/2338 (SP0120) DISP 19N2 #SS131 WELLS, OFCR (CHAD)

/2338 PISEEN

/2339 ENROUT 19N2

/2339	\$PREMPT	19N2
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/2339 \$DISP 19N3 #SS132 KILROY, OFFICER (JOSH)

/2339	PREDSP	19N2	19N3
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/2339	ENROUT	19N3
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/2342	ONSCNE	19N3
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2012	CHSONE	19N3	
/2351	REMINQ	19N3	VEH, 19N3, ATC1413,

/2351	REMINQ	19N3	VEH, 19N3, AFZ8587,,,,,,,,,,,,,
/2351	REMINQ	19N3	VEH, 19N3, AFZ8587,,,,,,,,,,,,,

ASNCAS	19N3	\$SS15000909
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*** New Date: 04/08/15 ***

/0024 (SP0339) CLEAR 19N3 D/H

/0024	CLOSE	19N3
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